

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09-889171 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
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11	(1)		(1)			
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50						
TOTAL IND.	7		2			
TOTAL DEP.	12	↓	8	↓		↓
TOTAL CLAIMS	14		10			

TOTAL IND.				
TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS				

Best Available Copy